



DELAWARE HEALTH AND SOCIAL SERVICES

Division of Medicaid & Medical Assistance

A Proposed Amendment to the Delaware
Section 1115 Demonstration Waiver

to

The Centers for Medicare & Medicaid Services
United States Department of Health and Human Services

State of Delaware

Stephen Groff, Director
Division of Medicaid & Medical Assistance (DMMA)

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Section I – Summary

The Delaware Department of Health and Social Services (DHSS), Division of Medicaid and Medical Assistance (DMMA) is requesting an amendment to the Delaware Diamond State Health Plan (DSHP) Section 1115 Demonstration Waiver to add the following new benefits under the DSHP Waiver and incorporate these benefits into the DSHP and DSHP Plus managed care models, effective January 1, 2023:

- (1) Coverage of two models of evidenced-based home visiting for pregnant women and children;
- (2) Permanent coverage for a second home-delivered meal for members receiving home- and community-based services (HCBS) in DSHP Plus;
- (3) Coverage of a pediatric respite benefit as a American Rescue Plan Act (ARP) Section 9817 HCBS Spending Plan initiative;
- (4) Coverage of a self-directed option for parents on behalf of children receiving state plan personal care services; and
- (5) Coverage of Delaware’s Nursing Home Transition Program (formerly Money Follows the Person Demonstration) under the DSHP 1115 waiver.

Section II – Delaware DSHP Demonstration Amendment Purpose, Goals and Objectives

Delaware is requesting an amendment to the DSHP 1115 Waiver to add coverage of five new waiver services. These services support the DSHP 1115 Waiver’s goals of improving access to quality health care for individuals receiving Medicaid, increasing coordination of care and supports, rebalancing Delaware’s long-term care system in favor of home and community based services, and expanding consumer choices.

Delaware is adding these services to improve maternal and child health outcomes, address health disparities, implement our ARP Section 9817 HCBS spending plan, and improve supports for Delaware Medicaid beneficiaries and families who rely on home and community based services.

These services include:

(1) Evidence-based Home Visiting Models

There is growing evidence that increased stress from social factors such as food insecurity as well as poverty and social exclusion can have a major impact on health and can lead to premature death as well as poor birth outcomes for pregnant women

and infants. As DMMA's mission is to *"Improve health outcomes by ensuring that the highest quality medical services are provided to the vulnerable populations of Delaware in the most cost effective manner,"* addressing social factors and ensuring our most vulnerable populations have health care coverage has become imperative to improving health outcomes.

DMMA is seeking to include access to home visiting to pregnant women and children up to the age of two through the Nurse Family Partnership and Healthy Families of Delaware evidenced-based home visiting programs. With this new benefit, DMMA seeks to begin to address racial disparities within the maternal health crisis. Studies show that Black women are three times more likely to die from a pregnancy related cause than white women.¹ This fact, along with evidence that levels of distrust in physicians tend to be higher for individuals of low socioeconomic status and within the Black community,² providing another trusted community based home visiting program can help promote use of health care services for women and children.

(2) HCBS Home-Delivered Meals

In response to the COVID-19 Public Health Emergency (PHE) and the increased risk of food insecurity in our Medicaid DSHP Plus members receiving HCBS, Delaware sought temporary authority through an Appendix K amendment to the DSHP 1115 waiver so that DSHP Plus HCBS members could receive a second home-delivered meal per day. This additional meal has been successful in supporting members to remain in their homes, contributed to Delaware's goals of increasing supports for members needing LTSS and promoted early intervention for individuals with long-term care needs. DMMA is requesting authority in the DSHP 1115 Waiver to provide up to two home-delivered meals per day as part of the permanent DSHP Plus benefit package.

(3) Respite Benefit for Caregivers of Children and Young Adults

Children and families served by Delaware Medicaid face a myriad of challenges on a daily basis. Families with children with complex medical conditions (CMC), severe emotional disorders and dual diagnoses of MH/IDD face specific challenges in supporting their child within the family unit. Addressing parental and/or other caregiver needs is essential to helping to support these families.

¹ <https://www.cdc.gov/healthequity/features/maternal-mortality/index.html>

² Racial/Ethnic Differences in Physician Distrust in the United States; Katrian Armstrong, Karima L. Ravenell, Suzane McMurphy, Mary Putt; Am J Public Health. 2007 Jul; 97(7): 1283-1289

In response to a cross section of stakeholders who provided feedback during the ARP Section 9817 HCBS Spending Plan listening sessions, Delaware is proposing to add a Medicaid-funded respite service for caregivers of children with CMC, severe emotional disorders and dual diagnoses of behavioral health/IDD. HCBS Spending Plan funds will be used for the initial development and implementation of the service and will be integrated into the Medicaid baseline budget in order to sustain the service over time.

(4) Self-directed State Plan personal care/attendant care for children

In response to extensive feedback during Delaware's HCBS Spending Plan listening sessions as well as during DMMA's work with stakeholders including parents of children with CMC, DMMA has identified the need to address gaps in care that parents and families are experiencing as a result of the direct service provider (DSP) workforce shortage. To address this shortage and empower families to identify and provide care that meets the needs of their children, DMMA is seeking authority to allow parents to self-direct the State Plan personal care (attendant care) services minor children receive today. This self-directed option will give families the flexibility to hire, for example, a neighbor, friend, or family member, including a legally responsible family member as the service provider, as long as the individual meets all employee qualifications as verified by the DSHP MCO. This option will also support the DSHP MCOs in maintaining appropriate and timely access to care.

(5) DSHP Plus Nursing Facility Transition Program

DMMA initially received federal funding for our Money Follows the Person program, Finding A Way Home, in 2007. Between 2007 and 2017, DMMA transitioned 271 individuals under MFP. In 2017, when MFP funding was exhausted, Finding A Way Home became an integral component of the nursing facility transition services under the DSHP managed long-term services and supports managed care organization (MCO) contracts. Although MFP no longer funded the transitions after 2017, these transitions have continued as DMMA and our partner MCOs sustained the MFP activities that worked well and used the lessons learned from MFP to improve upon policies for effective transitions. In CYs 2020-2021, DMMA and DSHP MCOs transitioned 230 individuals. This waiver amendment incorporates these services into the DSHP Plus waiver benefits.

Section III – Eligibility, Benefits, Cost-Sharing and Delivery System

Eligibility

Medicaid eligibility requirements will not differ from the approved Medicaid State Plan and approved DSHP 1115 demonstration. Delaware is not proposing changes to Medicaid eligibility standards in this amendment

Benefits

The benefits requested as part of this amendment will be in addition to those available under the state plan. This amendment adds:

- (1) Evidence-based Home Visiting Models** – Coverage of two models of evidenced-based home visiting for pregnant women and children under the age of two who meet enrollment criteria established by Nurse Family Partnership and Healthy Families of Delaware.
- (2) HCBS home-delivered meals** – Permanent coverage for up to two home-delivered meal for members receiving HCBS in DSHP Plus. Delaware currently covers this second meal under the DSHP 1115 Waiver Appendix K authority that will expire six months after the end of the COVID-19 PHE.
- (3) Respite Benefit for Caregivers of Children and Young Adults** – Coverage of a pediatric respite benefit as a Section 9817 HCBS Spending Plan initiative for individuals up to age 21 who are not receiving respite through DSHP Plus, PROMISE or the Lifespan 1915(c) waiver. This new pediatric respite benefit will be provided for children with a physical health or behavioral health condition affecting their ability to care for themselves and are furnished on a short-term basis to allow temporary relief from caretaking duties for the child's primary unpaid caregiver, parent, court-appointed guardian, or foster parent. Respite services may be available up to 24 hours/7 days a week and include support in the home, after school, or at night, as well as transportation to and from school, medical appointments, or other community-based activities, or any combination of the above.

The following types of respite will be available:

- In-home unskilled respite – Provided in a child's place of residence, home of respite provider, or home of a friend or family member for children with unskilled care needs (i.e., supervision or assistance with ADLs and IADLs, supervision to assure health and welfare, implementing a pre-existing

behavior plan to support behavioral needs) who do not require skilled care such as a G-tube feeding. Services provided to children with behavioral health needs are provided by a trained paraprofessional who is supervised by a licensed clinician.

- In-home skilled respite – Provided in a child’s place of residence or home of a friend or family member for children with ongoing skilled medical and behavioral health needs that can only be provided by an RN/LPN. (e.g., suctioning, G-tube feeding). No FFP is available for the cost of room and board.
- Out of home respite – Skilled and unskilled support provided in a licensed facility, including but not limited to licensed child care setting, nursing facility, hospital, residential treatment facility, foster home, Prescribed Pediatric Extended Care (PPEC), and group home.
- Emergency respite – a short-term service for children necessitated by an unplanned and unavoidable circumstance, such as a family emergency. Emergency respite can be provided in the home or in an out of home location.

Benefit Limits and Assurances:

- Pediatric respite is limited to 15 days or 285 hours per waiver year. If additional respite is required, the child or the child’s representative may contact their MCO care coordinator to request additional hours based on medical necessity.
- Emergency Respite is limited to 72 hours per episode, with a maximum of six-72 hour episodes per waiver year. Emergency respite is not included in the benefit limit.
- The child and/or child’s representative gives final approval of where the respite is provided.
- Respite services are not intended to supplant routine care, including before and after school care.
- Medicaid will not pay for respite provided for the purpose of oversight of additional minor children in the home.

- The cost of transportation is included in the rate paid to providers of these services.
- Federal financial participation is not available for the cost of room and board except when provided as part of services furnished in a facility approved by the State that is not a private residence.

Qualified pediatric respite providers include:

Individual Providers

- At least 18 years of age
- First aid certification
- CPR certification
- Training specific to address the child's needs
- Valid driver license (as needed)¹
- Criminal Background Check

Licensed/Certified Providers

- RN, LPN

Agencies/Facilities

- Community Mental Health Agencies
- Community Mental Health Facilities
- Community Foster Care Agencies
- Home Health Agencies
- Licensed Residential Treatment Facilities
- Nursing Facilities
- Hospitals
- Home Health Agencies
- Camps
- Residential Care Facilities
- Child Care Centers
- Child Development Centers
- Group Homes
- Day Care Centers
- Licensed Foster Home
- Prescribed Pediatric Extended Care (PPEC)

(4) Self-directed personal care/attendant care for children – Authority for a self-direction option for parents on behalf of children up to age 21, receiving State Plan personal care services. Self-directed personal care/attendant care services for children includes assistance with ADLs (e.g. bathing, dressing, personal hygiene, transferring, toileting, skin care, eating and assisting with mobility). When specified in the service plan, this service includes assistance with instrumental activities of daily living (IADLs) (e.g. light housekeeping chores, shopping, meal preparation). Assistance with IADLs must be essential to the health and welfare of the participant based on the assessment of the Case Manager, provided to only the member and not for general utility within the household. A parent/guardian or other representative designated by the parent/guardian shall direct this service on behalf of the member.

In order to be eligible to receive self-directed personal care/attendant care services a child must have a chronic medical condition, IDD, or behavioral health condition which results in the need for assistance with age appropriate ADLs/IADLS.

Provider Qualifications

Members can hire a neighbor, friend, or family member including a legally responsible family member, who must meet all employee qualifications as verified by the managed care plan. Legally responsible family members who provide self-directed personal care/attendant care services must designate another family member/representative to be responsible for directing care and signing time sheets. Legally responsible family members are limited to providing 40 hours of week of care.

Delaware will operate this benefit in accordance with the participant-direction requirements of the DSHP 1115 Waiver STC #29.

(5) DSHP Plus Nursing Facility Transition Services (formerly Money Follows the Person Demonstration Grant services)

Coverage of up to \$2500 in short-term nursing facility transition services to support a DSHP Plus member's transition from a nursing facility to an HCBS setting:

- Payment for securing a community-based home: DSHP Plus members may receive services for costs associated with securing a community-

based home that are not coverable under Medicaid. These costs may include apartment application and administrative fees as well as HCBS goods and services essential for the transition.

- Payment for activities prior to transitioning from a nursing facility: DSHP Plus members may receive services and activities such as home accessibility modifications, vehicle adaptations, pre-tenancy supports, community transition services, and case management prior to an individual transitioning from a nursing facility setting.

The MCO case manager may authorize service request exceptions above the \$2500 limit.

Cost sharing

The cost sharing requirements under this Demonstration will not differ from those provided under the Medicaid State Plan. No cost sharing will be applied to the new Demonstration benefits.

Delivery System

All benefits added through this waiver amendment will be provided through the two DSHP managed care organizations (MCOs) that operate under the mandatory managed care delivery system authorized under this DSHP 1115 Demonstration Waiver. No other changes to the current managed care and FFS delivery systems are being proposed in this amendment.

Section IV–Demonstration Hypothesis and Evaluation

The information below presents an overview of the preliminary plan to evaluate these new components of the DSHP 1115 Waiver. It is subject to change and will be further defined as the new services are implemented. The sample measures are not final and do not represent an exhaustive list of measures that could be used to test each hypothesis.

The Demonstration will test if:

- (1) The addition of two evidence-based home visiting models improve the health and wellbeing of the Medicaid participants. Delaware is in the process of defining the evaluation measures, which may include measures such as: Mother Child

Depression Screening, post-partum visit, treatment for a behavioral health condition, and dental visit.

- (2) The provision of home-delivered meals and nursing facility transition services, as part of an HCBS benefit package, succeeds in supporting Delaware's goals of improving access to health care by expanding access to HCBS and rebalancing Delaware's long-term care system in favor of HCBS. Delaware intends to incorporate the addition of a second home delivered meal into the current Evaluation design that assesses whether the provision of meals, as part of a package of HCBS services, succeeds in supporting Delaware's waiver goals. Delaware will also add a measure related to the percentage of reinstitutionalizations lasting more than 30 days and work with CMS to align DSHP 1115 waiver measures with MFP.
- (3) The provision of a respite benefit for caregivers reduces informal caregiver burnout and increases family/caregiver satisfaction with the program. These items will be measured through the administration of family/caregiver survey that will be included as part of the current Evaluation design.
- (4) Providing a self-directed option for children receiving Medicaid State Plan personal care (attendant care) increases family satisfaction with this Medicaid benefit and expands the DSP workforce. Family satisfaction will be measured through the administration of family/caregiver survey that will be included as part of the current Evaluation design. Additionally, the State will add a measure related to the percentage increase in DSP network participation because of this option.

Delaware intends to update its Evaluation Design, per Section XVII of the DSHP 1115 Demonstration Waiver STCs, to incorporate the additional benefits included in this amendment.

Section V – Estimate of Proposed Annual Enrollment and Annual Aggregate Expenditures

This amendment is not expected to increase or decrease annual enrollment in the DSHP 1115 Waiver. DSHP Waiver annual enrollment for 2021 included 278,147 enrollees. Enrollment projections for 2022 and 2023 are being refined as DMMA has more information about the end date of the COVID-19 PHE and CMS policies on “unwinding” once the Medicaid continuous coverage requirements end.

This waiver amendment is expected to increase annual, aggregate expenditures in CY 2023, the final year of the current demonstration approval, by \$14.5 million.

Section VI – List of Proposed Waivers and Expenditure Authorities

Waiver Authorities:

Delaware is requesting to extend the following current DSHP 1115 waiver authorities and add one new waiver authority in order to add the five benefits in this waiver amendment:

- **Amount, Duration, and Scope of Services Section 1902(a)(10)(B) and 1902(a)(17)** To the extent necessary to enable Delaware to offer a different benefit package to DSHP and DSHP-Plus participants than is being offered to the traditional Medicaid population.
- **Freedom of Choice Section 1902(a)(23)(A)** To the extent necessary to enable Delaware to restrict freedom-of-choice of provider through the use of mandatory enrollment into managed care plans for DSHP and DSHP- Plus participants.
- ***Self-Direction of Care Section 1902(a)(32)** To the extent necessary to enable the state to permit parents (on behalf of children up to age 21) to self-direct state plan personal care services. (*New)

Expenditure Authorities

Delaware is requesting new expenditure authority as follows:

- **Home visiting for Medicaid eligible pregnant women and children under the age of two.** Expenditures to provide evidenced-based home visiting to Medicaid eligible pregnant women and children as described in the STCs.
- **Self-directed personal care/attendant care for children.** Expenditures to provide self-directed personal care/attendant care for children receiving state plan personal care services.
- **Nursing facility transition services.** Expenditures to provide coverage of short-term nursing facility transition services to support a DSHP Plus member's transition from a nursing facility to an HCBS setting.

Delaware is requesting to extend the following current expenditure authorities for addition of the second HCBS meal and pediatric respite benefit:

- **HCBS for Medicaid State Plan Eligibles.** Expenditures to provide HCBS not included in the Medicaid State Plan to individuals who are eligible for Medicaid as described in the STCs.

Section VII – Public Notice

Where the Proposed Demonstration Application is Posted

A draft of this Section 1115 Demonstration Waiver amendment application is posted on the Delaware Health and Social Services (DHSS)/Division of Medicaid and Medical Assistance (DMMA) website at: <https://dhss.delaware.gov/dhss/dmma/medicaid.html>

Delaware published a Notice of Public Comment in the Delaware in the Delaware News Journal and the Delaware State on XX/XX/XXXX Date.

Where and When to Submit Written Comments

A copy of the draft waiver amendment, and a copy of the current approved waiver are posted on the DMMA website at: <http://dhss.delaware.gov/dhss/dmma/medicaid.html>

Comments on the amendment may be submitted the following ways:

By email: DMMA_PublicHearing@delaware.gov

By fax: 302-255-4481 to the attention of Kimberly Xavier

By mail:

1115 Demonstration Waiver Amendment
Division of Medicaid and Medical Assistance
Planning and Policy Unit
1901 North DuPont Highway P.O. Box 906
New Castle, Delaware 19720-0906

Delaware Diamond State Health Plan DRAFT 1115 Waiver Amendment

The hardcopy waiver amendment will be available by request via email at: DMMA_PublicHearing@delaware.gov (Please identify in the subject line: 1115 Demonstration Waiver Amendment)

Public Comment Meetings:

DMMA will hold two public meetings with opportunity for public comment, as listed below:

1. New Castle County

Virtual Meeting

May 18, 2022

9:00am – 11:00am

Via Zoom:

<https://zoom.us/j/99696774582?pwd=SDJCcGpVamx3Sy9jMkRiNXpJaStNdz09>

Meeting ID: 996 9677 4582

Passcode: 080737

2. Kent County

In-person and virtual meeting

May 24, 2022

2:00pm – 3:30pm

Edgehill Shopping Center

Large Conference Room

43 S. Dupont Hwy

Dover, DE 19901

Via Zoom:

<https://us06web.zoom.us/j/87837587571>

Meeting ID: 878 3758 7571

Passcode: 381804

Delaware will also accept feedback at the May 18, 2022 [Medical Care Advisory Committee Meeting](#).

Any public feedback received will be summarized including any changes that will be made as a result of the public comments on the DSHP 1115 Waiver amendment.

If you require special assistance and/or services to participate in the public meeting (e.g., sign language interpretation or other translation services, etc.), please call or e-mail the following contact at least ten (10) days in advance (when possible) prior to the meeting for arrangements:

Maxine Jacobs (302) 255-9651; sarahmaxine.jacobs@delaware.gov

The prompt submission of requests helps to ensure the availability of qualified individuals and appropriate accommodations in advance.

Delaware will use an electronic mailing list to notify the public.

Section VIII – Demonstration Administration

Name and Title: Kimberly Xavier, Chief of Policy and Planning, DMMA

Telephone Number: (302) 255-9576

Email Address: Kimberly.Xavier@delaware.gov